Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY  TYPE  OF		OTHER THAN SMALL ENTITY	
FC	R	<del></del>	R FILED	NUMBER		RATE	FEE	) 	RATE	FEE
BASIC FEE						, p	380.00	OR		760.00
TOTAL CLAIMS . minus			minus	20= * &	7	X\$ 9=	-	OR	X\$18=	144
INDEPENDENT CLAIMS 7 minus 3 = + 4					X39= <		OR	X78=	<b>AD</b>	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=			+260=	10.
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR OR	TOTAL	17/6
CLAIMS AS AMENDED - PART II							<u> </u>	JON,	OTHER	THAN
*		(Column 1)	N <sub>L</sub>	(Column 2)	(Column 3)	SMALL	ENTITY	OR	SMALL I	NTITY
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE
	Total	*	Minus	**	=	, X\$ 9=	•.	OR	X\$18=	Art (Ur) De
AME	Independent	*	Minus	***	=	X39=		OR	X78=	
'	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT CLAIM	-	+130=		OR	+260=	The state of the s
		,		•		TOTAL	•	ام	TOTAL ADDIT. FEE	. 11 (173 <b>0)</b> . 5
		(Column 1)		(Column 2)	(Column 3)	ADDIŢ. FEE			AUDII. FEEI	1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	6	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	ing Say
	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF M	ULTIPLE DE	PENDENT CLAIM		+130=		OR	+260=	
				•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		OR	X78=	
<u> </u>	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT CLAIM						
	f th ntry in colu	mn 1 is less than th	n entry in colu	ımn 2, write "0" in co	lumn 3.	+130= TOTAL		OR	+260= TOTAL	•
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  Th "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										



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DATE:	
то:	- God 0x
FROM:	Office of Initial Patent Examination Unit 7 (RAM Team)
SUBJECT:	Insufficient Funds
*	024650 lber
Deposit account nun	ber·
On 4 J28	there were insufficient funds available to charge the attached fee
If you have any ques at 703-306-5430.	tion, please contact Cynthia Streater (OIPE/JCWS RAM- Team)
Terminal Operator:	•